PTO/SB/05 (08-03)

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UTILITY
PATENT APPLICATION
TRANSMITTAL

R0133B-REG Attorney Docket No. First Inventor Clark, Robin Douglas et al.

	IRAN	2MIII I AL	_	Title		Indoles and Uses Thereof					
Only for nev	v nonprovisional a	applications under	37 C.F.R. 1.53(b))	Expres	ss Mail Label No.	ER 494	672763 US				
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Name	Grant D. Green										
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	3431 Hillvie	w Avenue	· - · · · · · · · · · · · · · · · · · ·		PATENT TRADEMARK OFFICE						
City	Palo Alto		State		CA Zip Code			94304			
Country	U.S.A.	Telephone		650/ 855-531	Fax		650/ 855-5322				
Name (Pr	int/Type)	Robert C. H	lall, ph.650/354	Registration	No. (Attorr	ney/Agent)	39,209				
Signature	·	1/3	19/				Date	October 16, 2003			

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FEE TRANSMITTAL							Applic	Application Number No.			ew Application				
for FY 2003								Filing	Filing Date						
Effective 01/01/2003. Patent fees are subject to annual revision.							First N	First Named Inventor			Clark, Robin Douglas et al				
Applicant claims small entity status. See 37 CFR 1.27						Examiner Name ur				nassigned					
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TOTAL AMOUNT OF PAYMENT (\$) 1,040.00							Attorn	Attorney Docket No. R0133B-REG							
METHOD OF PAYMENT (check all that apply)								FEE CALCULATION (continued)							
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1001 770		Utility filing fee 770.00							320 280	2402 2403	160 140	-	Filing a brief in support of an appeal Request for oral hearing		
1002 330 1003 520			Design fil	-		-		1403				Petition to institu			
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Code (\$) 1202 18	Fee Fee Fee Pescription Claims in average of 20						1810	750	2810	375	For each addition examined (37 Ci	nal invention to be FR § 1.129(b))			
1201 86		Claims in excess of 20 Independent claims in excess of 3						1801	750	2801	375	Request for Contin	ued Examination (RCE)		
1203 280		Multiple dependent claim, if not paid							900	1802	900	Request for exped			
1204 84		** Reissue independent claims over original patent										of a design applic	auon		
1205 18		** Reissue claims in excess of 20 and over original patent							Other fee (specify)						
SUBTOTAL (2) (\$) 270									*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0						
**or number previously paid, if greater; For Reissues, see above															
SUBMITTED BY Complete (if applicable)															
Name (Print/Type) Robert C. Half Registration No (Attorney/Agent)							39	9,209		Telephone	650/ 354-754	0			
Signature /						Date October 16, 2				2003					
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